Staff Risk Assessment: COVID-19 Initial Screening Questions

		CIRCLE ONE	
1.	<u>Do you have any symptoms of COVID-19?</u> Fever, chills Cough (new or worsening) Sore throat Runny nose, sneezing or congestion Shortness of breath or difficulty breathing Marked or unusual fatigue Muscle/body aches Headache Acute loss of sense of smell or taste	YES	NO
2.	Have you been deemed a close contact (household or non-household)?	YES	NO

If you have answered "Yes" to question 1, you must be tested for COVID-19 and notify your manager/supervisor immediately.

If you have answered "Yes" to question 2, notify your manager/supervisor to determine if you need to work isolate and/or follow a testing schedule.

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Staff Name Date